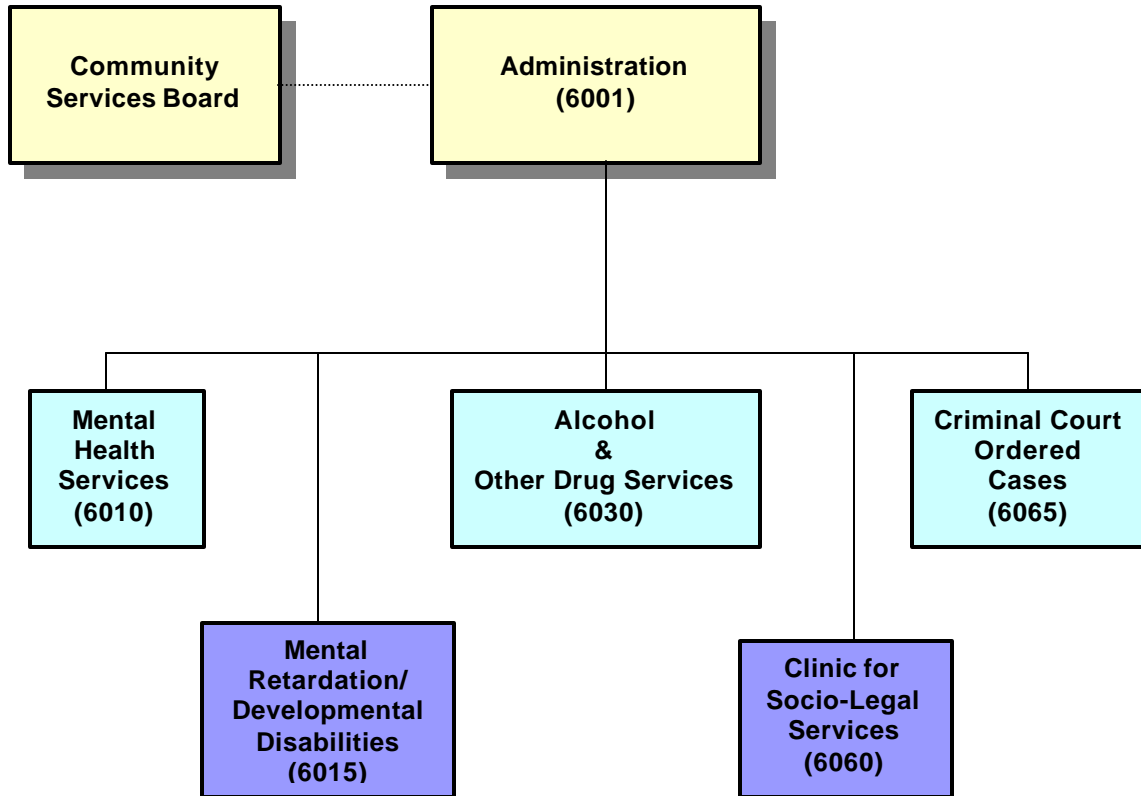
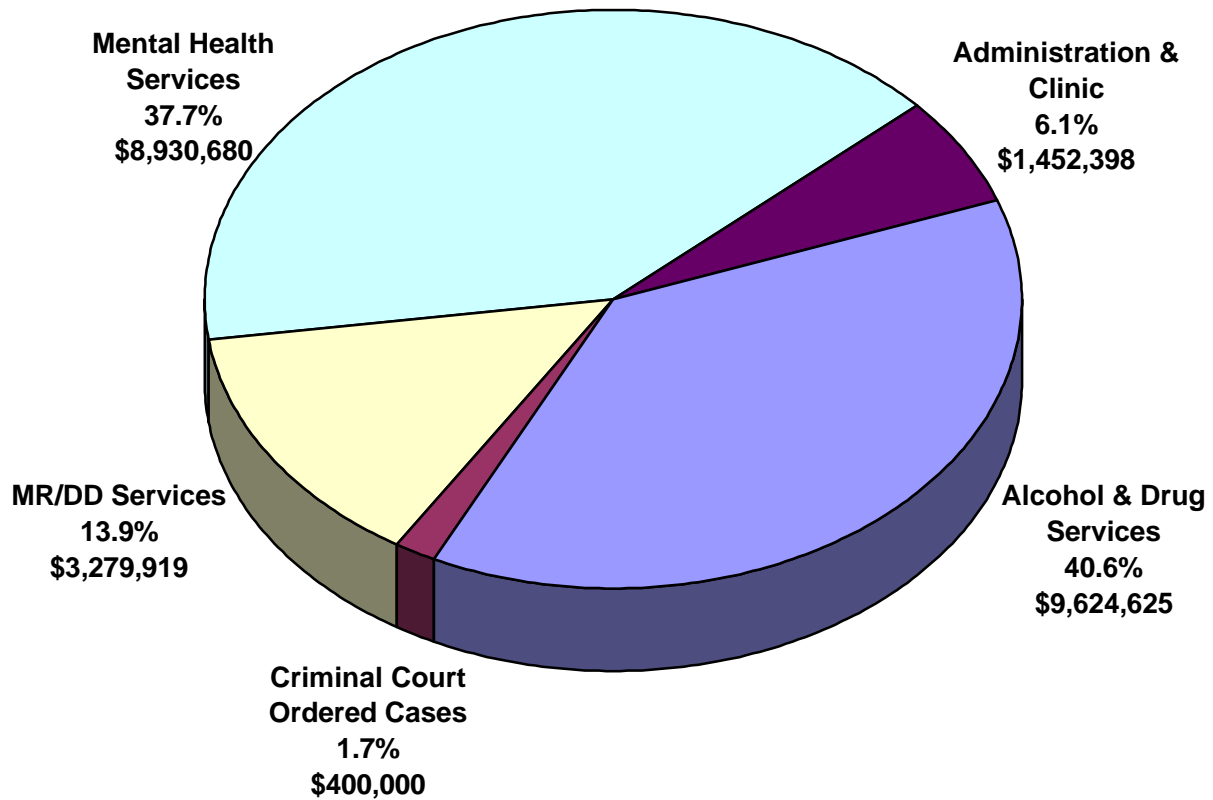


OFFICE OF MENTAL HEALTH (060)

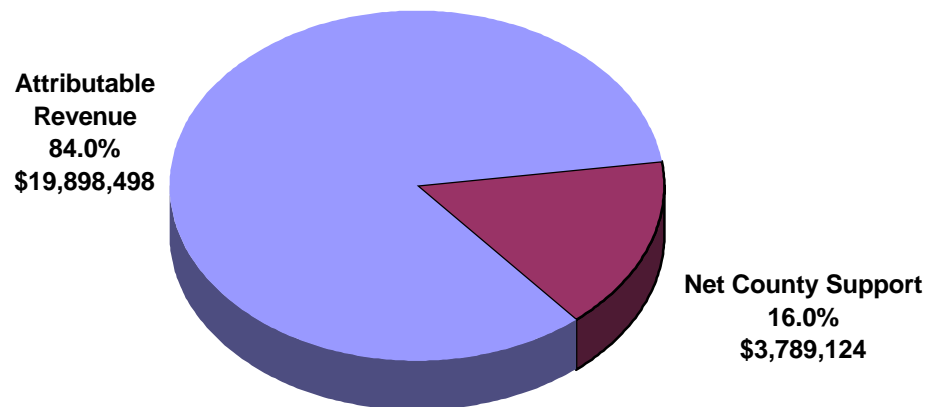


OFFICE OF MENTAL HEALTH

2002 Budget - \$23,687,622



Net County Support



DEPARTMENT: Office of Mental Health (060)

DEPARTMENT DESCRIPTION

The Office of Mental Health is responsible for the planning, oversight and administration of a comprehensive community mental hygiene system for all residents of Monroe County. Activities include: community-wide assessment of mental hygiene service needs, service development, coordination and integration of voluntary, county and state mental hygiene services, coordination and integration of the mental hygiene services system with other service delivery systems, allocation of state and local funds, system oversight and encouragement of programs aimed at the prevention and treatment of mental illness, mental retardation, developmental disabilities, and alcohol and other substance abuse.

STRATEGIC FRAMEWORK

Mission

The Monroe County Office of Mental Health is committed to improving the health and quality of life of those in Monroe County who are affected by mental illness, mental retardation, developmental disabilities, alcohol and other drugs.

Key Result Areas

Customer Satisfaction: Customers are satisfied that their needs are being adequately met.

Quality of Life: The continuum of programs and services are accessible, flexible and delivered in a manner that meets the needs of our customers and improves their functioning and quality of life.

Productive Workforce: An adequate number of qualified, diverse and efficient workers are employed, trained, empowered and retained to provide our customers with appropriate services.

Economic Vitality: Services promote productivity, self-sufficiency and independence.

Fiscal Responsibility: Maximize resource utilization by providing quality services in the most cost-efficient and effective manner.

Key Result Measures

Customer Satisfaction: Seek customer involvement in the design, implementation and evaluation of services, conduct customer satisfaction surveys and use data to improve services, and monitor to ensure that customer satisfaction data is utilized to improve the quality of services.

Quality of Life: Require and obtain service recipient and family involvement in all aspects of the system, including policy development, planning, service implementation and delivery and evaluation, involve a broad base of community stakeholders in assessing needs, and utilize performance management methods as the basis for continuous quality improvement.

Productive Workforce: Ensure that employees are trained to meet customer needs directly and are empowered to make decisions on work they control, support comprehensive community-wide initiative to increase cultural competence, and regularly seek input from employees regarding ways to improve the work environment.

Economic Vitality: Support innovative programs that focus on increasing earnings for persons with disabilities and promote partnerships between vocational programs and local private industry that lead to expanded employment opportunities for persons with disabilities.

Fiscal Responsibility: Advocate for more local control of allocated dollars to encourage flexibility in meeting customer needs and incorporate state of the art performance management technology into the planning, coordination and financing of mental hygiene services.

2001 Major Accomplishments

- Provided continuous assessment of consumer and family needs and perspectives in light of anticipated changes in local mental hygiene and health care systems. Consumers, family members, providers and other stakeholders continue to be integrally involved in all planning activities, including the design, implementation and evaluation of services
- Partnered with the Mental Health Coalition, a consumer-run organization to conduct on-going focus groups with consumers of mental health services. The first series of ten focus groups were held in 2000, with plans to conduct two series of groups each year
- Needs assessment activities and performance management efforts have resulted in the identification of priorities and new program development and initiatives aimed at systems improvement:
 - Mental Health Reinvestment and New Initiatives funding was utilized to establish new services based upon the highest priority unmet needs for mental health services. Projects for 2001 included; additional case management slots for adults and children, expansion of the Assertive Community Treatment Team, Family Support services expansion, expansion of supported employment, additional supported housing beds and enhancement of consumer-run programs
 - Alcoholism and substance abuse services expansion and enhancements include vocational services expansion, the establishment of enhanced outpatient services and jail based treatment services
 - The New York State CARES Initiative, designed to meet the needs of persons with mental retardation and developmental disabilities who are waiting for out-of-home residential placement, has resulted in the establishment of close to 50 individual residential alternative beds in the community
- Establishment of a Single Point of Entry for adult mental health housing and case management services and a Single Point of Accountability for children's specialty mental health services, aimed at improving access, continuity and outcomes for high need adults and children and families
- Collaborative efforts with the Department of Social Services in many health care and welfare reform activities:
 - Welfare-to-work initiatives including chemical dependency client monitoring and tracking and working collaboratively to address issues identified via this process
 - Transition management services were established to coordinate care for persons with mental illness being released from jail. Services include linkage to treatment and expedited Medicaid eligibility determination to allow for continuity of treatment and medications in the community upon release
- Community-wide cultural competency activities, including sponsoring "Creating Culturally Competent Care: The Journey Continues", a conference for healthcare professionals focusing on providing up-to-date information to help individuals and agencies to develop knowledge and skills related to providing behavioral healthcare services that are culturally competent, cost effective and outcome oriented
- Worked with state offices, local community providers and other related systems to minimize the impact of the closure of Genesee Hospital on the behavioral health system and consumers, with a focus on ensuring continuity of service provision for consumers receiving services at Genesee and the continuation of essential behavioral health services under different auspices as necessary
- A comprehensive assessment of vocational/employment services and needs for persons with mental illness was completed. Community-wide planning is underway to implement strategies to improve employment outcomes for persons with mental illness, substance abuse problems and developmental disabilities
- A proposal has been developed for the establishment of an Integrated Services Delivery System for high need children and youth who are at-risk of out-of-home placement. This initiative is a cross-systems collaborative effort involving the County Office of Mental Health(MCOMH), Department of Social Services, Department of Community Corrections and Probation, and the Youth Bureau
- Although the legislation allowing for the establishment of a Mental Health Special Needs Plan has expired, the MCOMH has continued to work closely with the NYS Office of Mental Health and several other counties to develop the Western New York Care Coordination Initiative, which offers an alternative approach to effectively serving high need adults in the absence of the Special Needs Plan

2002 Major Objectives

- Continue assessment of consumer and family needs and perspectives, including continuation of focus groups with consumers. Increasing consumer and family member involvement in planning activities continues to be a priority
- Continue to advance the collaborative efforts of the Monroe County Office of Mental Health and the Department of Social Services:
 - Work to ensure that health care and welfare reform efforts result in improvements in quality of care, increased responsiveness to consumers and more cost effective service delivery
 - Welfare-to-Work initiatives, including continued refinement of client tracking and monitoring system for treatment compliance
 - Transition management initiative to improve continuity of care and expedited Medicaid eligibility determination for individuals with mental health service needs being released from jail
- Cultural competency efforts to be continued across all systems, including the development of competence standards and measures
- Development of employment opportunities for persons with mental hygiene disabilities, including older adolescents and young adults. A major focus will be to reconfigure, as necessary, current vocational services to ensure that individuals are adequately supported in the work environment
- Development of additional case management resources for individuals who are chemically dependent and are experiencing difficulties in remaining in treatment
- Provide leadership in the transition from fee-for-service to managed care financing structures for behavioral health services. Such leadership will include ensuring that consumers and families receive the appropriate level of education regarding system changes and what this means for them, as well as ensuring that an adequate array of necessary services are available and accessible to consumers in the managed care structure
- Continue development of performance management system, including the establishment of outcomes, indicators and measures for behavioral health services
- Implementation of an Integrated Services Delivery System Pilot for high need children and youth who are at-risk of out-of-home placement. This initiative is a cross-systems collaborative effort involving the County Office of Mental Health, Department of Social Services, Office of Probation-Community Corrections and the Rochester/Monroe County Youth Bureau
- Reconfiguration of children's mental health crisis services to ensure that the system is responsive and appropriately meets the needs of children in crisis and their families

BUDGET SUMMARY

	Amended Budget 2001	Budget 2002
<u>Appropriations by Object</u>		
Personal Services	711,298	740,943
Equipment	3,505	0
Expenses	601,358	603,055
Agency Contracts	33,022,036	21,858,459
Supplies & Materials	12,859	9,942
Employee Benefits	176,817	203,862
Interfund Transfers	276,846	271,361
Total	34,804,719	23,687,622
<u>Revenue</u>		
State Aid	30,267,385	19,454,914
Federal Aid	208,080	311,000
Charges to Other Departments	129,368	132,584
Total	30,604,833	19,898,498
<u>Net County Support</u>	4,199,886	3,789,124

BUDGET HIGHLIGHTS

Personal Services and **Employee Benefits** reflect the negotiated salary increase as well as an increase in medical, retired medical and retirement benefits. **Agency Contracts** and revenue from **State Aid** currently reflect a decrease; additional revenues will be accepted and contract funds appropriated as they are awarded in 2002.

Revenue represents increased Federal Aid due to utilization of Federal Medicaid salary sharing within Mental Health Administration.

DIVISION DESCRIPTIONS**2001****2002****Administration (6001)****\$817,161****\$763,877**

This division is responsible for the fiscal and programmatic planning of all operations included in the network of mental hygiene services. In an effort to develop services which address the priority needs of the community, on-going planning is conducted in collaboration with consumers, state representatives, families, providers, and other service delivery systems that evaluate the mental hygiene needs of the community. The Director of Mental Health makes funding level and service development recommendations based on this evaluation process.

The Office of Mental Health contracts with Coordinated Care Services, Inc. (CCSI) for the management and coordination of community mental health, alcoholism and substance abuse, and developmental disabilities services in accordance with the local mental health services plans. CCSI maintains subcontracts with community agencies for a comprehensive range of services within each of the mental hygiene disability areas.

Mental Health Services (6010)**\$20,044,427****\$8,930,680**

CCSI maintains subcontracts with numerous community agencies for the provision of a range of emergency, crisis, outpatient treatment, residential and community support programs for adults, children and youth. Community support programs include a wide range of service options such as vocational support, respite, family support, self-help, consumer initiatives, socialization and recreation opportunities. There are a number of specialized mental health programs, targeting specific populations such as children, older adults, multicultural populations, Mentally Ill Chemical Abusers (MICA), homeless and those involved in the criminal justice system. Community mental health services are aimed at offering individuals and families treatment and support services that assist them in successfully living in the community, avoiding unnecessary hospitalization or out-of-home placement. Mental health services are funded through state aid, county support, United Way matching dollars, and agency voluntary contributions.

Continuation of new Community Reinvestment Act funding as well as additional new initiatives funding is expected in 2002 for new and expanded community-based services for seriously and persistently mentally ill adults and seriously emotionally disturbed children and their families. New funding will be used for the continued development and expansion of high priority services for these populations, particularly as related to ensuring that the system can be responsive in a managed care environment.

**Mental Retardation/Developmental
Disabilities Services (6015)****\$3,663,596****\$3,279,919**

CCSI maintains subcontracts with not-for-profit community agencies for the provision of Mental Retardation/Developmental Disabilities (MR/DD) services to residents of Monroe County. In 2002, services will be provided by 10 subcontractor agencies. Local assistance funding, which consists of state aid, county support and voluntary match dollars, supports pre-vocational and vocational day services and a variety of community support programs.

Pre-vocational and vocational services include day training, sheltered workshop and supported employment programs. These programs provide a range of skills training, work opportunities and support services according to individual needs and preferences, aimed at assisting individuals in maximizing their individual vocational potential. Support services are provided for individuals with disabilities and their families, including information and referral, advocacy, public education and awareness, assistance in ensuring client rights, counseling and case management. Specialized clinical support services are also provided. A number of programs target specific population groups such as persons with epilepsy, older adults, children with severe handicaps and Hispanic individuals and families.

Appropriations in this division for 2002 are consistent with the state's anticipated level of support.

2001

2002

Alcohol and Other Drug Services (6030)

\$9,290,778

\$9,624,625

In 2002, CCSI will contract with numerous community agencies for the provision of alcoholism and substance abuse services. Programs offered by these subcontractor agencies include inpatient, outpatient and residential treatment, community residential living, prevention, intervention, education and information and referral services. Funding for these services involves state aid, county support and voluntary match contributions.

Residential and inpatient services include crisis care, detoxification, inpatient rehabilitation, residential treatment homes, halfway houses and supportive apartments. A number of these programs include specialized services which target females (pregnant and/or with children), individuals who are dually diagnosed (MICA), deaf/hard of hearing, HIV positive, and monolingual Hispanics. Outpatient treatment services target a number of these populations as well. Funded outpatient programs service a high percentage of Medicaid and uninsured clients.

Prevention, intervention, education, and information and referral programs are provided for both adults and youth. These services range from general community education and awareness activities to intervention programs designed to reach specific target populations. Targeted populations include youth, children of alcoholics, deaf/hard of hearing, multicultural populations (Hispanics, Native Americans) and persons who are HIV positive. Prevention/intervention services are offered at a variety of school and community sites.

Appropriations in this division for 2002 are consistent with the state's anticipated level of support.

Clinic for Socio-Legal Services (6060)

\$588,757

\$688,521

The Clinic for Socio-Legal Services provides direct diagnostic, evaluation and treatment services to the courts and the Office of Probation-Community Corrections. Specific services include crisis intervention, determination of competency to stand trial, referrals for follow-up treatment of clients and families and education of criminal justice personnel.

The Assisted Outpatient Treatment (AOT) program is operated at the Court Clinic. The AOT program serves individuals with serious mental illness who have high service needs and present histories of treatment noncompliance and are at-risk of hurting themselves or others. The AOT program allows for the provision of court-ordered treatment and support services. Transition management services for individuals with mental illness being released from jail provides for quick access to Medicaid eligibility determination to allow for continuity of mental health treatment and medications upon release to the community.

Criminal Court Ordered Cases (6065)

\$400,000

\$400,000

The Criminal Court Ordered Cases division funds the county share of costs for criminal court or family court ordered psychiatric examinations in order to determine fitness of the defendant to stand trial. Funding also provides therapeutic treatment expenses to defendants while hospitalized.

The New York State Office of Mental Health and Office of Mental Retardation and Developmental Disabilities bills counties for forensic incarceration of inmates. A psychiatric evaluation, rather than a court order, determine whether an inmate requires treatment and should be transferred to a psychiatric facility. Services provided to inmates include inpatient competency exams, evaluation and psychiatric observation or commitment for treatment.

Performance Measures

	Actual 2000	Est. 2001	Est. 2002
Number of individuals in need accessing services:			
Office of Mental Health	29,835	30,432	31,041
Alcohol & Substance Abuse (Estimated for all Years)	16,618	17,200	17,802
Mental Retardation, Developmental Disabilities	16,637	16,803	16,971

STAFF

<u>Total</u>	<u>Title</u>	<u>Group</u>
	Full Time	
1	Director of Mental Health	25
1	Administrator of Clinic for Socio-Legal Services	23
1	Deputy Director of Mental Health	21
1	Clinical Services Coordinator	16
1	Mental Hygiene Program Planner	16
1	Developmental Disabilities Clinician	14
1	Senior Court Nurse-Mental Health	14
1	Children's Project Coordinator	13
1	Court Nurse-Mental Health	12
1	Administrative Secretary	10
1	Secretary to Department Head	10
1	Clerk Grade 2 with Typing	7
2	Clerk Grade 3 with Typing	5
<hr/> 14	Total Full Time	
	Part Time	
1	Data Entry Operator	5
1	Leadership Project Worker	Hourly
2	Total Part Time	
<hr/> 16	Total 2002	